

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2		I				
3	I					
4	I					
5	I					
6	I					
7	I					
8	I					
9	I					
10	I					
11	I					
12	I					
13	I					
14	I					
15	I					
16	I					
17	I					
18	I					
19	I					
20	I					
21	I					
22	I					
23	I					
24	I					
25	I					
26	I					
27	I					
28	I					
29	I					
30	I					
31	I					
32	I					
33	I					
34	I					
35	I					
36	I					
37	I					
38	I					
39	I					
40	I					
41	I					
42	I					
43	I					
44	I					
45	I					
46	I					
47	I					
48	I					
49	I					
50	I					
TOTAL IND.	I					
TOTAL DEP.	50					
TOTAL CLAIMS	56					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	I					
52	I					
53	I					
54	I					
55	I					
56	I					
57						
58						
59						
60						
61						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	52					
TOTAL CLAIMS	56					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS